



Trinity Lutheran Church and Preschool
 30470 Pauba Rd. Temecula, CA. 92592
 Ph: 951-676-1492, x.2

Enrollment Fee: \$115.00
Cash Receipt# _____
Check# _____

Enrollment Form 2018-2019

Student Name: _____ **Male/Female**

Birth Date: _____

Parent/Guardian 1: Last Name: _____ First Name: _____

Address: Street: _____ City: _____

State: _____ Zip Code: _____

Parent/Guardian 2: Last Name: _____ First Name: _____

Address: Street: _____ City: _____

State: _____ Zip Code: _____

Primary Contact Info:

EMAIL: _____ Home ph#: _____

Mom Cell: _____ Mom Work: _____

Dad Cell: _____ Dad Work: _____

Does your child have ANY allergies? _____

Are there any medical conditions or concerns we should be aware of? _____

How did you hear about Trinity Preschool? _____

Has your child been baptized? Yes/No

Dedicated? Yes/No

Does your Family have a Church home? Yes/No **Name of Church** _____

Are you or your spouse a current member of the U.S. military? Yes/No

Is your Family a current member of Trinity Lutheran Church? Yes/No

Would your Family like more information on Trinity Lutheran Church? Yes/No

Office Use Only:

Date Received: _____

Teacher: _____